

P12000048919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

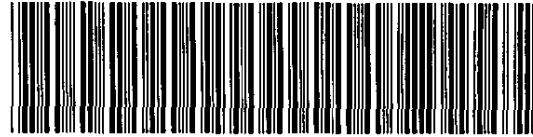
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600269829466

03/23/15--01007--015 \*\*120.00

NOT RETURNED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

15 APR 2 PM 1:09

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
15 APR -2 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 03 2015  
T. CARTER

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

PICK UP: GLINDA

- ☐ CERTIFIED COPY \_\_\_\_\_
- ☒ PHOTOCOPY \_\_\_\_\_
- ☐ CUS \_\_\_\_\_
- ☒ FILING RA RESIGNATION

1. O'NEAL & ASSOCIATES, LTD. CORP.

(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

*File 4th*  
*→*

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** JMS CORPORATE ENTERPRISES, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P12000048919

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MATTHEW W. SNYDER

Name of Contact Person

JMS CORPORATE ENTERPRISES, INC.

Firm/Company

13470 WRIGHT CIRCLE

Address

TAMPA, FLORIDA 33626

City/State and Zip Code

matt@jmsmedsupply.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MATT SNYDER

Name of Contact Person

at 855 700-5960

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS**

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: JMS CORPORATE ENTERPRISES, INC.
2. The principal office address: 13470 WRIGHT CIRCLE, TAMPA, FLORIDA 33626
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 05/25/2012 Document number: P12000048919
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

RESIGNED

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

MATTHEW W. SNYDER

13470 WRIGHT CIRCLE

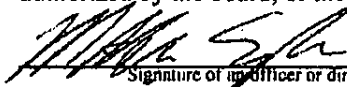
P.O. Box NOT acceptable

TAMPA, FLORIDA 33626

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 APR -2 AM 9:00

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Matthew Snyder, President  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

4-1-15  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (03/12)